

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

APP. NO.

**10/509637**

APPLICATION NO.

FILED DATE

Winston A. Hargrove

National Stage Processing

Patent and Trademark Office

USPTO FORM 875-001

**CLAIMS**

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
| 4            |          |      |                        |      |                        |      |
| 5            |          |      |                        |      |                        |      |
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| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   | 8        | ↓    | 1                      | ↓    |                        | ↓    |
| TOTAL DEP.   | 0        | ←    | 0                      | ←    |                        | ←    |
| TOTAL CLAIMS | 4        |      | 1                      |      |                        |      |

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 51           |          |      |                        |      |                        |      |
| 52           |          |      |                        |      |                        |      |
| 53           |          |      |                        |      |                        |      |
| 54           |          |      |                        |      |                        |      |
| 55           |          |      |                        |      |                        |      |
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| 66           |          |      |                        |      |                        |      |
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| 71           |          |      |                        |      |                        |      |
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| 80           |          |      |                        |      |                        |      |
| 81           |          |      |                        |      |                        |      |
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| 84           |          |      |                        |      |                        |      |
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| 86           |          |      |                        |      |                        |      |
| 87           |          |      |                        |      |                        |      |
| 88           |          |      |                        |      |                        |      |
| 89           |          |      |                        |      |                        |      |
| 90           |          |      |                        |      |                        |      |
| 91           |          |      |                        |      |                        |      |
| 92           |          |      |                        |      |                        |      |
| 93           |          |      |                        |      |                        |      |
| 94           |          |      |                        |      |                        |      |
| 95           |          |      |                        |      |                        |      |
| 96           |          |      |                        |      |                        |      |
| 97           |          |      |                        |      |                        |      |
| 98           |          |      |                        |      |                        |      |
| 99           |          |      |                        |      |                        |      |
| 100          |          |      |                        |      |                        |      |
| TOTAL IND.   |          | ↓    |                        | ↓    |                        | ↓    |
| TOTAL DEP.   |          | ←    |                        | ←    |                        | ←    |
| TOTAL CLAIMS |          |      |                        |      |                        |      |